

MINUTES
of the
Mental Health Planning Advisory Council
meeting on
February 7, 2002
held at
Holiday Inn Diamonds Casino
Sierra Room
1000 E 6th Street
Reno, NV 89512

I. OPENING REMARKS AND INTRODUCTIONS

Alyce Thrash, Chair of the Council, called the meeting to order at 9:15 am.

Members present at roll call:

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| • Aitken, Nancy | • Jackson, Barbara |
| • Bennett, Bob | • Johnson, Rosetta |
| • Caloiaro, Dave | • Parra, Debbie |
| • Crowe, Kevin | • Rodriguez, Jenita |
| • Cooley, Judge W. | • Taycher, Karen |
| • DeJan, Emil | • Thrash, Alyce |
| • Doyle, Mike | • Uptergrove, Anna |

Members absent at roll call:

- | | |
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| • Clark, Jerry (excused) | • Legier, Barbara (excused) |
| • Dopf, Gloria (excused) | |

Guests from MHDS Commission:

- | | |
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| • Brown, Fran | • Richitt, Elizabeth |
| • Brailsford, John | • Ward, David |
| • Fricke, Johanna | |

Staff and others in attendance:

- | | |
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| • Benson, Janyce – Southern Advisory Board | • Hosselkus, Debbie – MHDS |
| • Brandenburg, Carlos – MHDS | • Leslie, Sheila – Nevada Assemblywoman |
| • Cooper, Brian – Consumer | • Pradere, Steve – Western Regional Professional Development Program |
| • Gordon, Stuart – Northern Advisory Board | • Torvinen, Mike – DHR |
| • Grant, Janice – Western Regional Professional Development Program | • Zeiser, Andrew – Administrative Consultant |

Alyce asked everyone to introduce themselves for the benefit of the Mental Health and Developmental Services (MHDS) Commission members and guests present today. She then asked Fran Brown to briefly discuss the work of the Commission. Fran discussed the representation categories for the Commission, indicating that members are usually recommended by professional organizations and then appointed by the Governor. The responsibilities of the Commission relate to establishing policies that ensure that services are developed for persons with mental health and developmental conditions. This encompasses the lifespan to include children, adults, and the elderly. The Commission is empowered to set policies for the care and treatment of persons with serious mental illness (SMI). Fran noted that the Commission bylaws outline 12 powers of the Commission and she reviewed them in detail.

Alyce then discussed the role of the Mental Health Planning Advisory Council (MHPAC). She mentioned Public Law 101-639 and the federal agencies that oversee MHPACs, including the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Mental Health Services (CMHS). She reviewed the Council's representation categories and then discussed the three federally mandated duties of the Council:

1. To review the Mental Health Block Grant Plan and to make recommendations.
2. To serve as an advocate for adults with a serious mental illness, children with a serious emotional disturbance, and other individuals with mental illnesses.
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state.

Alyce noted that typically the Council meets four times per year. She provided some detail on how grant monies are used by the Divisions, including the Peer Specialist program, and she discussed the annual awards made by the Council for consumer services. Alyce then asked Dr. Carlos Brandenburg to speak briefly. Carlos noted that historically there has been little interface between the Council and the Commission and each group has been only vaguely aware of one another's work. He emphasized the need for both groups to work collaboratively to help persons with mental illness. It is extremely important for the Council to work with the Commission because the Commission members help to set policy. Although the block grant represents a small portion of the MHDS budget, Carlos said the work of both groups is very important. He mentioned that both MHDS and DCFS are currently developing their budget proposals for the upcoming legislative session and discussed bill drafts as well. He believes the two groups need to set an agenda for issues to bring forth to both Divisions and the legislature. Carlos underscored the need for a common agenda.

II. LEGISLATIVE PROCESS – SHEILA LESLIE

Alyce Thrash introduced Assemblywoman Sheila Leslie and asked her to begin her presentation. Sheila gave a video to Alyce that provides an overview of the legislative process, indicating that the Council may benefit from viewing it at a later time. Sheila said the first thing is to

understand the legislative process and the complexity of it, emphasizing that it is often confusing. She underscored Carlos Brandenburg's statement that the Council and the Commission need to become leading advocates for mental health in the legislature and that the two groups presenting a unified front on issues is important. She complimented both Alyce and Carlos on their presentation to the Interim Finance Committee (IFC) regarding the Peer Specialist program.

Sheila said many citizens are reluctant to become involved in politics, but explained that the root of the word 'politics' comes from the Greek word for 'citizen' and underscored the importance of citizen involvement in government. Sheila outlined three types of advocacy:

1. Personal: Obtaining something for yourself.
2. Case: Advocating on behalf of someone else.
3. Systemic: Working to get the system to change.

Sheila noted that mental health services in Nevada are still recovering from severe budget cuts in 1992. However, she does not see something like this happening again because advocacy has improved considerably since then. She said the primary attributes of a good advocate are common sense and practical work.

She then reviewed some brief facts about Nevada's legislature. It is a part-time legislature made up of a diversity of 'regular' citizens from a broad range of backgrounds and professions. The Nevada legislature only meets once every two years, which is uncommon compared with other states. She mentioned Mark Twain's quote that "no one is safe when the legislature is in session." She commented on the tremendous growth of Nevada's population, noting however that no legislators have been added. The structure of the legislature has not changed significantly for quite some time, with the exception of the recent enactment of the 120-day session limit. Sheila emphasized the importance of planning ahead because of the short time frame of the session. Organizations need to prepare for advocacy between one and two years in advance. She said issues, no matter how important, cannot be introduced during a session because it is too late to do the legwork required to effect change.

Nevada's legislature has two houses: the Assembly and the Senate. The Assembly has 42 representatives. Sheila discussed the recent shift of seats to the south. The Senate has 21 seats, also with a shift of representation to the south. She stressed the importance of involving stakeholders from Las Vegas and the southern area because of their heavy representation in the legislature. A common agenda needs to be established between the two regions.

Returning to her discussion of attributes of good advocates, she mentioned effective interpersonal skills. She underscored the importance of the way in which a message is presented. Although this may not be fair, it is the case that some good ideas are not enacted because of the messenger. Based on this, communication and personal relations are important.

Another important attribute is the ability to compromise. She brought up the recently-passed mental health court bill as an example. Sheila said that advocates for the bill knew they needed more money for housing, case management, etc. as part of the program. However, proponents of

the bill had to ask themselves the following question: Is it better to let the money for this go and focus on the ability to establish the courts? She believes the answer was yes. Sheila emphasized that whether you are right or not, you are never going to get all that you want. The goal is to get what you can piece by piece. She said a pilot program is being developed in Washoe County for the mental health courts right now, with a plan to return to the legislature during the next session to request more resources. She also recommended that advocates ask for more than what they think they can get so there is room to negotiate down.

Sheila noted that many legislators specialize in their areas of interest, and discussed her own work in human services. This means that legislators who work within specialized areas tend to have influence in these areas. She said it is not that legislators do not care about mental health issues, but often they do not understand them.

Returning again to attributes of good advocates, Sheila said they are reasonable, rational people who are trustworthy. Advocates should never lie to a legislator, extensively exaggerate, or threaten. Personal credibility is something that must be protected in order to be effective.

Sheila then reviewed a brief list of suggestions about how to succeed in Carson City, noting that these largely represent her own opinion as a second-term representative:

- Establish consistent visibility and deliver consistent message.
- Build ongoing relationships with legislators, particularly the representative in your district. Do not be intermittent in your visibility and do not come to legislators too late.
- Build consensus on a realistic and manageable agenda.
- Develop broader grassroots support on children's and adult mental health issues. This should include leadership from the business community. She discussed the effectiveness of a variety of sectors advocating for services and change.
- Involve new voices and leaders from other sectors: Advocates tend to talk to themselves; they need to approach people who are not on their side.
- Employ bipartisan strategies: Issues are not Democratic or Republican. Sheila said she believes the legislature does not make decisions based on gender and race and tends to be bipartisan. She noted that Nevada has the third highest number of females its legislature nationwide, tends toward a libertarian attitude, and tends to be equal opportunity. She mentioned the success of her work with Senator Townsend, partly because they are from two different parties. The Senate is controlled by Republicans and the Assembly by Democrats. Issues should not be presented as partisan.
- Advocates need to be involved in the electoral process. Who you elect to represent you is important. Pay attention to voting.
- Provide factual and compelling information in a usable form. Do not bring stacks and stacks of paper to build a case. Support documentation needs to be reduced to one or two pages that are summarized and bulleted. Be straightforward in your speaking. Do not put all of your energy in written information that no one will read. Also, do not approach the legislature and read directly from a document. Sheila showed a brochure developed by the Nevada Women's Lobby, which always includes a section on mental health. She encouraged the Council to write material on mental health for

the Nevada Women's Lobby. She encouraged connection between the Council and groups such as the Women's Lobby and the Community Unity Coalition (northern mental health coalition).

- Sheila emphasized seeking realistic goals and prioritizing needs, then developing an agenda that asks for more so there is room for negotiatoin.

She concluded by distributing an overview of how a bill becomes a law. She reviewed bill draft formation and the introduction of bills to Committees first in the Assembly and then the Senate. Sheila then asked for questions.

Rosetta Johnson asked if there will be a budget shortfall for the upcoming legislative session. Sheila said yes, and that although she agrees that the legis lature often finds ways to obtain additional money, the budget situation is more serious after September 11. She noted that 75% of State's budget comes from sales tax and gaming tax, which is heavily reliant on tourism. Sheila said her personal opinion is that the State does not obtain enough revenue to support its own needs. Legislative debates are most often about money, particularly regarding mental health issues. In order to get more services, advocates need to be active in the tax debate. She noted it is politically risky to indicate that taxes should be increased to obtain more money.

Carlos Brandenburg said he has already directed MHDS agency directors not to ask for new programs because the Division is in a financial position where staff are trying to maintain current programs only. Budget requests for the upcoming session will focus on infrastructure funding only. Put simply, he said, this is not the political or fiscal climate in which request new programs. Sheila noted there are some programs already approved by the legislature that the Governor has said cannot be implemented.

Dr. Johanna Fricke asked about legislative strategy. She brought up testimony made by the Nevada Genetics Network that included bringing children to the legislature. Is it better or worse to bring stakeholders? Sheila said it is often good to bring stakeholders, but emphasized again that timing is equally important. She cautioned against approaching the legislature too late in the session. How do you know when the right time is? Sheila said to work on timing with a legislative sponsor. More discussion followed about personal testimony and limiting it to what is effective and appropriate.

Carlos reinforced the issue of legislative messages being short and succinct. He often tells advocates that brevity is key. He underscored that if issues relate to mental health or developmental services, legislators will contact him. Therefore, he really needs to be in the loop because if he tells a legislator that he is unaware of an issue, it adversely affects the legislator's impression. Essentially, the division that oversees a certain area of service has to be included in legislative advocacy, or at the very least be made aware. It is a necessity to partner and coordinate with both DCFS and MHDS in order to make headway in the legislature. Is it better to advocate during the off season or in session? Sheila agreed the off season is better. Grassroots support and media coverage needs to be developed now, well in advance of the session. She agreed it is key to work with Carlos as the Administrator of MHDS because of the fact that division administrators also serve as staff to the legislature.

Dave Caloiaro inquired about an initiative by Senator Neal to increase gaming tax; he asked if Sheila sees a future initiative like this that could be reopened. Sheila answered yes. However, she emphasized that this cannot be the only revenue option on the table. The legislature needs to look at a broad base tax increase.

Karen Taycher asked how legislators respond to advocacy focused on federal noncompliance issues or class action suits. Sheila said they do not like to be threatened, particularly with lawsuits, but it is a strategy that can sometimes be used effectively at the right time. There is a fine line between the federal government telling the legislature what to do versus bringing up a compliance problem. The message has to be delivered carefully.

Dr. John Brailsford asked about Nevada not getting its share of federal tax money. Sheila said Nevada has recently become more willing to ask for federal funds and this is a good thing from a fiscal standpoint.

David Ward said he would like to see a full time grant writer at MHDS that would be responsible for seeking federal grant money on a regular basis. Sheila said there has been discussion about this within IFC, although there is always concern about when federal funds terminate because the State does not like to pick up the fiscal slack when federal programs end. She asked Carlos if he believes they are missing out on a lot of federal money in the area of mental health. Carlos agreed and said the question is whether a grant writer would work at the Division level or the Department level. Carlos noted that he needs to be careful about seeking grants that fund programs that the Governor or the Legislature would be opposed to. David suggested establishing protocols for a grant writing position that would prevent seeking funds for opposed programs. More discussion followed about this.

Barbara Jackson asked how consumers can get involved and make progress on mental health issues. Sheila said that consumer involvement includes talking to legislators and staff such as Carlos, and requires collaboration with different groups and working across groups. She also emphasized working with the Governor's office, underscoring that financial requests are strengthened with Governor approval or inclusion within the proposed budget.

III. ASSEMBLY BILL 513 – MIKE TORVINEN

Alyce Thrash began by introducing Mike Torvinen, the Administrative Services Officer (ASO) for the Department of Human Resources (DHR). Mike briefly mentioned his move from MHDS to DHR. He gave an intro to Assembly Bill (AB) 513, which allocated approx \$800,000 to DHR for a strategic planning effort focuses on services to persons with disabilities. This bill includes examination of service rates, rural healthcare, senior healthcare, and services to persons with disabilities. He mentioned the organizational structure that resulted from the bill, including a legislative committee, a steering committee, and regional task forces. He reviewed the projected time frame for completion of the plan and the funding mix that contributes to it. Mike said the project currently has a funding shortfall of about \$380,000, which DHR hopes to obtain from Medicaid. The shortage was a result of a reduction of funding when the bill was passed.

Mike distributed several handouts pertaining to the project, then reviewed summary presentations from the contractors on the planning process. The goal of the project is to plan for the needs of persons with disabilities and to build services into the Division and Department budgets. He said the steering committee was pleased with the proposals from the contractors pertaining to the major review areas covered in the bill. The regional task forces have been meeting and are already into the work of planning. Mike sees the project as on schedule. He agrees with Sheila Leslie that including items in the executive budget (from the Governor) makes it easier to get funding from the legislature. He emphasized that the Governor has competing demands, but has been very supportive of public health issues, which include mental health and developmental services.

Mike Doyle asked about the time frame between when the reports from the task forces are released and the completion of the Governor's budget for the next legislative session. Mike Torvinen said the new deadline for executive budget submission is September 1 prior to the next session. He also discussed the time limits set on agency budgets. He said if the task forces meet their current deadlines that the Council and the Commission should have time to review their proposed plans and advocate for them. Carlos asked Mike to mention DHR's website where information about the strategic planning project can be obtained:

<http://www.hr.state.nv.us/shcp/shcp.htm>

Rosetta Johnson asked about the distribution of funds across the components of the planning. Mike said the bill outlined the funds to be allocated to each planning area.

IV. OPEN DISCUSSION

Alyce Thrash began by asking Rosetta Johnson to review her mental health system flowchart. Rosetta said the chart was developed by a commission she organized last February through her organization, Human Potential Development. This group was formed as a result of the the People's Summit to end the Criminalization of the Seriously Mentally Ill conference held in December, 2000. The flowchart addresses gaps in the current service system and recommendations to address them. She briefly mentioned the composition of the commission. She noted that the flowchart was developed by a State staff person at the Department of Health.

Rosetta began reviewing the elements of the chart in detail. She focused on the movement of children with mental health issues through the public system, including schools and care facilities, and discussed transition problems they face throughout childhood. Rosetta emphasized the problem of children reaching a crisis point before their mental health issues are revealed, and discussed the possibility of developing crisis intervention teams that would help prevent their entry into the criminal justice system. She also discussed service and care options that may or may not be available to children in need, including possible entry into a private hospital or the State system. She commented on the lack of interface between the state and private care facilities. She also discussed problems for persons at risk of mental illness presented by vagrancy, financial and emotional depletion, and other social consequences.

Barbara Jackson asked about how the gaps in service can be addressed. Rosetta said she hopes they can be addressed by working with individuals in different service systems to interface with MHDS and DCFS in order to develop ways to work together, as well as eliminate duplication of effort. She discussed a conference she is planning this November focused on mental illness across the lifespan. Rosetta emphasized a comprehensive approach toward policy change and integration of services.

David Ward asked about involuntary interventions: Are there other states that have laws with respect to this? Rosetta said that organizations such as the American Civil Liberties Union (ACLU) are advocating for treatment access laws that outline appropriate parameters of intervention. Bob Bennett asked about the club house model. Rosetta said she believes this is an excellent model. Bob said he supports this model as a resource that will allow consumers as well as persons who are homeless to access services. He emphasized the value of peer-based programs. Rosetta underscored the need to focus on systems already in place and working to integrate their services.

Nancy Aitken suggested the importance of developing infrastructure for the Divisions to work effectively. Emil DeJan mentioned the need for service referrals being made through hospitals and other healthcare providers who are educated about available services. Barbara said that she believes consumers need to be heard and have their rights protected. She believes there is a problem with service providers not viewing consumers as human beings and individuals.

Fran Brown then discussed a National Association of State Mental Health Planning Directors (NASMHPD) and National Technical Assistance Center (NTAC) conference she attended in Florida for states with mental health commissions. This conference included discussion about mental health planning and related issues. Key points included the following:

- A systems approach is required.
- What people want is a job, a place to live, and a social life.
- Unless people have a life in the community, they will cycle back into the system
- Funding is key.
- There are three primary principles for planning: 1) Assume what we do is citizen-centered; 2) promote results and evidence-based practices; 3) focus on the cost-effectiveness of programs.
- Mental health care needs to be viewed from a public health standpoint.
- Stakeholders need to promote leadership and innovation in mental health care
- Tension between stakeholder groups promote action, i.e., tension between innovation and realism, federal and state/local, science and evidence-based practice, formal authority and informal authority, prescriptive approaches versus outcomes, and insider versus outsider.

Alyce then brought up areas of possible overlap between the Council and the Commission. Kevin Crowe suggested discussing the Statewide Information Network and the development of a network of people who are interested in mental health issues. Perhaps these people could be tapped for advocacy efforts with the legislature.

Rosetta then commented on the need to develop common goals and hear the voice of consumers. She has concerns about the makeup of the Commission and representation by consumers. Fran and David followed up by discussing the membership mandated by statute. David mentioned that the Commission members are requesting more geographic equity in their representation. Rosetta suggested that they need to consider changes in their representation. David said he has been advocating for more consumer representation on the northern and southern advisory boards that provide input to the Commission.

Carlos said that he believes the Commissioners have been very sensitive to consumer input and involvement, and that two of the current Commissioners represent both mental health and developmental services concerns. More discussion followed about the nature of the relationships between consumers and professionals.

**** The meeting broke for lunch at 12:00 pm, then resumed at 1:05 pm.*

V. GOAL SETTING

Fran Brown began by introducing the two facilitators from the Western Regional Professional Development Program: Steve Pradere and Janice Grant.

Janice began by asking all of the participants to approach the Highlights boards and write something good that has come of the work of the Council and the Commission. They asked a speaker from each group to go through the highlights the groups came up with.

Kevin Crowe highlighted the following:

- Funding support
- Increased activism
- A clearer understanding of brain disorders
- Education of what others do
- Better ability to help consumer programs
- Empowerment of the Council and respect of its role
- Greater self-advocacy, especially rural
- Innovative projects that help clients and staff

Rosetta Johnson highlighted the following:

- A critical position funded for the Programs for Assertive Community Treatment (PACT) Team
- Increased awareness of the roles of all stakeholders
- Orientation toolkit

Bob Bennett highlighted the following:

- Learning about how much we do not know

- Networking
- Becoming educated about the needs of persons with mental health disabilities
- Seeing the number of people with enthusiasm who are concerned about mental health issues

Emil DeJan highlighted the following:

- Increased MHDS funding
- Developing new MHDS programs
- Supported MHDS funding increases
- Reduction of inpatient beds
- Collaboration with family members

Janice then reviewed the plan for the afternoon, emphasizing vision planning wherein both groups work together in a collaborative way through ground rules:

1. Encourage everyone to participate
2. All the ideas count, even the crazy ones
3. Building on each other's ideas
4. Respect differences of opinion: "Hard on the problem and soft on the people."
5. Stay on schedule
6. It is okay to misspell words
7. Facilitators will remain neutral

Then Janice asked each participant to choose one word to describe a positive outcome for the two groups. They included the following:

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| • Andrew | • Communication |
| • Outcomes | • Brainstorming |
| • Rights | • Team |
| • Functions | • Value |
| • Small grants | • Passion |
| • Unity | • Involvement |
| • Funding | • Empowerment |
| • Support | • Peers |
| • Cohesion | • Housing |
| • Help | |

Janice then asked each person who contributed a word to discuss why they put it forth and brief discussion followed. Janice and Steve then asked the participants to group the words based on logical associations with one another as a warm up activity for the long range planning.

Janice and Steve moved on to ask each of the members to write an outcome that they would like to see in place within the mental health system in Nevada five years from now, i.e., 2007 goals. Following this, Steve asked those present to divide these outcomes into the categories of HOW/PROCESS, OUTCOME/RESULTS, or BOTH. They were organized as follows:

<i>HOW/PROCESS</i>	<i>OUTCOME/RESULTS</i>	<i>BOTH</i>
<ul style="list-style-type: none"> • Our input in solving a problem • Collaborative 	<ul style="list-style-type: none"> • Solve 100% unmet needs • Huge drop in suicides • Functioning statewide information and referral service available to both human and health services providers and consumers • Performance and outcome based policies and programs • Wraparound services for children and families • A model mental health system in Nevada • Consumer satisfaction • Improvement in MH services • Effective 	<ul style="list-style-type: none"> • Club house • Inter-disciplinary consumer programs • Holistic healthcare that treats mind and body as one • Development of housing • Nevada is a leader and innovator in services for MHDS • Understanding

Janice then asked everyone to partner up and determine what parts of the 2007 goals can be in place by 2004-05. She emphasized that the members should discuss and be specific about what can be in place within the next two to three years. Following this, both Steve and Janice asked those present to organize the goals based on logical associations. They were organized as follows:

<i>Group One</i>	<i>Group Two</i>
<ul style="list-style-type: none"> • Measurement tools in place and desired outcomes identified • Collaboration and funding • An innovative educational program has been implemented for providers explaining the benefits of holistic treatment • Solving unmet needs through the following: 1) town hall meetings, 2) outreach, 3) communication through media links • 2003 legislature funds DHR, who then implements a statewide information and referral system that includes the 17 counties. 	<ul style="list-style-type: none"> • Increase funding • Funding priorities in line • Community support for the development of housing

*** *The meeting broke at 2:05 pm, then resumed at 2:15 pm.*

Janice and Steve resumed by asking the members to develop even more specific goals for the upcoming 2003 legislative session that would be smaller steps toward the 2004-2005 goals. Once the goals were presented, Karen Taycher interjected to point out the lack of items surrounding children's mental health. Carlos Brandenburg emphasized that both the Commission and the Council need to start looking at services being intended for both adults and children. David Ward and Debbie Hosselkus commented that the priorities they set forth apply to both children and adults. Dr. Johanna Fricke also underscored the need for intervention and services for children.

Janice then lettered the items A through N and asked each person to vote for the top three items they believe are most important. The items were ranked as follows:

2003 Legislative Goals

- | | |
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| <ol style="list-style-type: none"> 1. Adequate PES services link with hospital emergency rooms 2. Eliminate waiting lists 3. Wraparound services for children and families 4. Medications 5. Funded mental health court 6. New updated computer contract 7. Competitive provider rates 8. MHDS grant writer 9. Birth to death 10. Fund a public awareness campaign | <ol style="list-style-type: none"> 11. Residential supports 12. Outpatient counseling 13. Statewide information and referral system 14. Legislature to recognize family psychoeducation through Nevada; reduce relapse by 50%; involve families, consumers, and treatment teams 15. Prioritize wish list based on outcomes and evidence based practices 16. All stakeholders meet to present unanimous voice to legislature |
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Steve then asked about narrowing the items down that might fit together within a bill draft. They were roughly organized into three groups as follows:

1. Obtaining adequate PES services linked with hospital emergency rooms
2. Wraparound services for children and families
3. Updating the statewide computer system and the development of a statewide information and referral system

VI. STRATEGIC PLANNING

Janice Grant moved on to the development of action plans and asked which would be the most complicated to address. The members determined that wraparound services are the most challenging. Janice then provided an example for establishing steps within the action plan for wraparound services. She then asked everyone present to work together on the action plan they felt most strongly about. The members then developed steps under each.

**** Appendix A contains summaries of the three action plans as developed by the Council and Commission members.*

Janice then emphasized that the action plans should be considered as a starting point for building the plans as work is done on them. She asked Kevin Crowe to review his action plan for updating the statewide computer system and the development of a statewide information and referral system. Kevin reviewed the plan in detail.

Janice moved on to ask Fran Brown to review the action plan for obtaining adequate PES services linked with hospital emergency rooms. Fran reviewed the plan in detail.

Finally, Steve asked Dave Caloiaro to review the action plan for developing wraparound services with a focus on outpatient services. Dave reviewed the plan in detail.

Janice concluded by asking the members to share something positive that has occurred over the last two days. After final comments were made, Fran concluded the meeting at 4:25 pm.

APPENDIX A

Statewide Information and Referral System

<i>Action Step</i>	<i>Who Is Responsible?</i>	<i>Resources</i>	<i>Timeline</i>
GAP Analysis (AIM – CSM)	Troy Williams	Data Infrastructure Grant (DIG)	03/01/2002
Implementation Plan; FY 03, 04, 05 Budget	Troy Williams	DIG, DCFS	04/01/2002
Funding Request for FY 03	Carlos Brandenburg	State Medicaid	07/02/2002
Bill Draft Request (BDR) for FY 04, 05	Carlos Brandenburg	State Medicaid	08/15/2002
FY 03 Activities: <ul style="list-style-type: none">• Software• Hardware• Training	Troy Williams All MHDS agencies	State Medicaid, DIG funds, CMHS?	09/2002 – 09/2004

Adequate PES Services Linked With Hospital Emergency Rooms

<i>Action Step</i>	<i>Who Is Responsible?</i>	<i>Resources</i>	<i>Timeline</i>
Principal stakeholders meetings	Mike Willden, Carlos Brandenburg	Funding; collaboration between hospital staff, MHDS Commission, MHPAC, Sheriff Keller, and elected officials	02/2002
Establish follow-up meetings	Mike Willden, Carlos Brandenburg		03/2002
Collaboration plan	Mike Willden, Carlos Brandenburg		04/2002
Request for placement in Governor's budget	Carlos Brandenburg		06/2002
Letters of support from MHDS Commission and MHPAC	Fran Brown and Alyce Thrash	Secretarial support	09/2002
Legislative testimony and advocacy	MHDS Commission and MHPAC		01/2003 – 05/2003

Wraparound Services

<i>Action Step</i>	<i>Who Is Responsible?</i>	<i>Resources</i>	<i>Timeline</i>
DCFS and MHDS review the current situation	Carlos Brandenburg Ed Cotton	MHDS Commission, MHPAC, Mental Health Consortia	03/2002
MHDS Commission and MHPAC review AB 513 report and prioritize recommendations	Alyce Thrash and Fran Brown call review meeting	Joint support letter to Governor	07/2002
DCFS, MHDS, MHDS Commission, and MHPAC meet	Chairs and Administrators	Time and place to meet	07/2002
Educate legislators about priorities; public relations; consumer and professional education; make supportive data available	Advocacy groups	Physicians, psychologists, other mental health care workers, and administrators to explain funding	09/2002
Community coalitions meet	Julia Ratti, Brian Lahren	Providers, consumers, and family members	09/2002
Mental Health Court committee and community coalitions meet	Judge Peter Breen, Shelia Leslie, and ?	Time and opportunity to develop plan	09/2002